STATE	OFFICE U				
Name and Address of Committee		2. Date of this Statement	5/0		
John C. Reeves		 4/1/2014	4/1		
P.O. Box 219					
Harrisonburg, LA 71340		Estimated Membership			
Check If:		4. Amended Statement?	A . A . A	400354	
New Committee	Monthly Filer	No.	#86842 #1085	4	
		YesNo	•		
5. All Committee Officers and Direct	ors (including Chairperson, T	reasurer, if any, and any other committ	ee officers and directors)		
a. <u>Name</u>	b. <u>Position</u>	c. Address	•		
	Chairperson				
	Treasurer				
(Any organization, other than a p	b. <u>Address</u>	ctly or indirectly established, administer	c. Relationship to Committ		
	;				
7. All Depositories for Committee F	unds (committee funds must	be deposited in one or more banks or	savings and loan institutions or m	oney market mutual	
funds.)	b. Address				
a. <u>Name</u>	b. Address				
			,		
8. IF THIS COMMITTEE SUPPOR	ETS A SINGLE CANDIDATE:	a. Check one: Principal	Campaign Committee	Subsidiary	
Committee				O and did at a	
b. Name of Candidate			c. Office Sought by the Candidate		
John C. Reeves			Judge-7th Judi	gial Distric	
9. a. Name of Person Preparing F	Report		•		
			•		
b. Daytime Telephone (318	<u>) 744-5457 or (3</u>	18) 403-0929		L	
10. WE HEREBY CERTIFY that the and belief.	e information contained in this	s STATEMENT OF ORGANIZATION is	true and correct to the best of our	Kpowiedge intolliano	
This 1day of April		2014		0	
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Keone		(318) 744-5457		
Signature of Comm	ittee Chairperson		Daytime Telephone Number		
Signature of Comm	nittee Treasurer, if any		Daytime Telephone Number		

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